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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
		MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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T. MATTHEWS

FEB 17 2022

COVER LETTER

TO: Registration Section Division of Corporations

KAPRI GEMS LLC

SUBJECT: _____

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAROLINA GUTTMANN KLEIN

KAPRI GEMS LLC

Name of Person

Firm/Company

1425 BANYAN CIRCLE

Address

POMPANO BEACH FL 33069

City/State and Zip Code

kaprigems@gmail.com

E-mail address: (to be used for future annual report notification)

954

Area Code

at (

347-0936

For further information concerning this matter, please call:

CAROLINA GUTTMANN KLEIN

Name of Person

Enclosed is a check for the following amount:

₽ \$25.00 Filing Fee

Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

<u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

Davtime Telephone Number

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAPRI GEMS, LLC	22 55 -7	PH 12:23
(<u>Name of the Limited Liability Company as it now ap</u> (A Florida Limited Liability Compa	ppears on our records.) ny)	
The Articles of Organization for this Limited Liability Company were filed or Florida document number	09/16/2016	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compan	<u>y here</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company." Enter new principal offices address, if applicable:	the designation "Li.C" or the abbre	viation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:	CAROLINA GUITMANN KLEI	N	
New Registered Office Address:	1425 BANYAN CIRCLE		
	Enter Florida street address		
	POMPANO BEACH	, Florida ³³⁰⁶⁹	
	Ciņ	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

•

-

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			🗆 Remove
			🗋 Change
			🗆 Add
			🗆 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

JANUARY 31ST 2022 Dated Signature of a member or authorized representative of a member CAROLINA GUTTMANN KLEIN Typed or printed name of signee